

SERIAL NUMBER <div style="text-align: center;">09/360,542</div>	FILING DATE <div style="text-align: center;">07/26/99</div>	CLASS <div style="text-align: center;">714</div>	GROUP ART UNIT <div style="text-align: center;">2785</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">2110</div>
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APPLICANT

LUIS FELIPE CBRERA, BELLEVUE, WA; KARTIK N. RAGHAVAN, SEATTLE, WA;
GLENN A. THOMPSON, REDMOND, WA.

****CONTINUING DOMESTIC DATA*******
VERIFIED
NONE

****371 (NAT'L STAGE) DATA*******
VERIFIED

****FOREIGN APPLICATIONS*******
VERIFIED
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/16/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <div style="text-align: center;">WA</div>	SHEETS DRAWING <div style="text-align: center;">10</div>	TOTAL CLAIMS <div style="text-align: center;">55 <u>40</u></div>	INDEPENDENT CLAIMS <div style="text-align: center;">4</div>
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Verified and Acknowledged AS
Examiner's Initials Initials

ADDRESS

ALBERT S MICHALIK
MICHALIK AND WYLIE PLLC
SUITE 103
14645 BEL-RED ROAD
BELLEVUE WA 98007

TITLE

AUTOMATED SYSTEM RECOVERY VIA BACKUP AND RESTORATION OF SYSTEM STATE

FILING FEE RECEIVED <div style="text-align: center;">\$1,598</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div>
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BEST AVAILABLE COPY